



UNITED STATES  
PATENT AND  
TRADEMARK OFFICE

Commissioner for Patents  
Washington, DC 20531  
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CONFIRMATION NO. 7839



8b Data Sheet

|                             |                                   |              |                        |   |
|-----------------------------|-----------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>09/724,685 | FILING DATE<br>11/28/2000<br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1642 | ATTORNEY<br>DOCKET NO.<br>014058-008561US |
|-----------------------------|-----------------------------------|--------------|------------------------|---|

APPLICANTS

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\*\* CONTINUING DATA \*

This application is a CON of 08/818,112 03/13/1997 PAT 6,290,969  
which is a CIP of 08/730,510 10/11/1996 ABN  
which is a 371 of PCT/US96/14674 08/30/1996  
and is a CIP of 08/680,574 07/12/1996 ABN  
which is a CIP of 08/659,683 06/05/1996 ABN  
which is a CIP of 08/620,874 03/22/1996 ABN  
which is a CIP of 08/533,634 09/22/1995 ABN  
which is a CIP of 08/523,436 09/01/1995 ABN

\*\* FOREIGN APPLICATIONS \*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED -- SMALL ENTITY --  
\*\* 05/02/2001

|   |  |  |                           |                         |                       |                            |
|---|--|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Allowance<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR<br>COUNTRY<br>WA | SHEETS<br>DRAWING<br>11 | TOTAL<br>CLAIMS<br>19 | INDEPENDENT<br>CLAIMS<br>2 |
|---|--|--|---------------------------|-------------------------|-----------------------|----------------------------|

Verified and  
Acknowledged

Examiner's Signature *ML* Initials

ADDRESS  
20350

TITLE

Compounds and methods for immunotherapy and diagnosis of tuberculosis

FILING FEE  
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420

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

|  |
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| <input type="checkbox"/> All Fees                              |
| <input type="checkbox"/> 1.16 Fees ( Filing )                  |
| <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
| <input type="checkbox"/> 1.18 Fees ( Issue )                   |
| <input type="checkbox"/> Other _____                           |
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